

DRIVER'S TIME RECORD

Driver's Name (print) _____ Employee No. _____ Month _____ Year _____

DRIVERS MAY PREPARE THIS REPORT INSTEAD OF "DRIVERS DAILY LOG" IF THE FOLLOWING APPLIES:

- * Operates within 100 air-mile radius of headquarters.
- * Returns to headquarters and is released from work within 12 consecutive hours.
- * At least 8 consecutive hours off duty separate each 12 hours of duty.

INTERMITTENT DRIVERS

Shall complete this form for 7 days preceding any day driving is performed.
This includes the preceding month.

Date	Start Time "All Duty"	End Time "All Duty"	Total Hours	Driving hours	Truck Number	Headquarters
1						
2						
3						
4						
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31						

☐ To be prepared monthly by each DOT certified driver unless time record is exclusively kept on Driver's Daily Log. Indicate "days off". Check box if no driving is performed during this month and the first 7 days of the following month. Mail this report to your Division Manager of Administration.